## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence advances are appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current advances advances are also provided in Block 1. Iv of a specifying a new correspondence adverse; and/or didnessing a separate FEE ADDRESS\* for

indicated unless corrected maintenance fee notification	below or directed oth	erwise in Block 1, by (a	i) specifying a new corres	pondence address,	and or (b)	Indicating a separ	
CURRENT CORRESPONDENCE	Fee(	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
23122 75	590 06/16	2009		Cert	ificate of M	failing or Transn	nission
RATNERPREST	I her	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
P.O. BOX 980				essed to the Mail	Stop ISSU	E FEE address a	above, or being facsimile te indicated below.
VALLEY FORGE, PA 19482 transmitted to the USPIN						2 2000, 011 110 21	(Depositor's name)
			-	Electron	in Cube	mi agi an	(Signature)
			-	Election	ic sub	IIIT22TOII	(Date)
							CONFIRMATION NO.
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		
10/522,044	01/19/2005	Peter Drott		PC1	10483US	3988	
TITLE OF INVENTION: S	EALING COLLAR						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/16/2009
		ART UNIT	CLASS-SUBCLASS	1		15	
EXAMINER		3676	277-436000	J	\$1825		
ELE, GIEDERT			2. For printing on the p	satent front page. lis	et	D- to-	December 1
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			(1) the names of up to 3 registered patent attorneys				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attact	listed, no name will be	printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
3. ASSIGNES NAME AND RESIDENCE DATA TO BE INTERPOLITED AND A STATE OF THE PROPERTY OF THE P							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
(.)							
Continental Teves AG & Co. oHG Frankfurt, Germany Please check the appropriate assignee category or categories (will not be printed on the patient): I individual  Corporation or other private group entity Government							
Please check the appropria	te assignee category o						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee			☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached. Electronically				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies5			☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0350 (enclose an extra copy of this form).				
			overpayment, to Dep	osit Account Numb	er 10-0.	Cenciose a	in extra copy or uns form).
5. Change in Entity Status (from status indicated above)  1. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  1. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
a. Applicant channel from anyone other than the applicant; a registered attorney or agent; or the assignee or other party							
interest as shown by the records of the Childen States Fatesh and Transfer							
Authorized Signature O. Jottu Date September 1, 2009							
Third or existed name Christopher A. Rothe Registration No. 54,650							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain absent the type that his to file (and by the USPTO to process) as application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any of the completed application form to the USPTO. Time will vary depending upon the individual case. Any of the completed application form to the USPTO. Time will vary depending upon the individual case. Any of the completed application form to the USPTO. Time will vary depending upon the individual case. Any of the completed application form to the USPTO. The completed application for the USPTO. The Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.